DEPAR	TMÈNT OF HÉALTH	AND HUMAN SERVICES				: 03/09/201 APPROVE
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES 4	5 4	122/17 764 5/17/17 (		. 0938-039
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MUL	TIPLE CONSTRUCTION		E SURVEY	
THE FERIN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG 01 - MAIN BUILDING 01		APLETED
		445464	B. WING			<b>45.5.1.</b>
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	06/2017
un cone	38/ UEALTH OFNED		- !	1666 HILLVIEW DRIVE		
UITTAIE	W HEALTH CENTER			ELIZABETHTON, TN 37643		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	- CII	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	REGULATORY OR L	' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	( EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES.)	D BE	COMPLETION
	· ·		. 170	DEFICIENCY)	KAIE	DAIG
	:				_	<del></del>
K 000	INITIAL COMMENT	S	K 0	00		
	A 1 :5- O-5-1 - O					•
	A Life Safety Surve	y was conducted by the State				1
	Health Licensure an	rtment of Health Division of and Regulation Office of Health				
	Care Facilities surve	ey on 3/6/17. During this Life		:		
	Safety Survey, Hillvi	iew Health Center was found	K300	3 The Co. decought I		:
	not in substantial co	mpliance with the	KSUU	i and the second		4-17-17
	requirements for participation in			with the correct fire door hourly rating	-	1
	Medicare/Medicaid at 42 CFR Subpart 483.70(a),			certified fire door company was conta	cted to	
	Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101			replace the fire door.		i !
	- 2012 edition.	cation (IVFFA) standard 101		D AN J.		!
				2. All doors were reviewed on 3-6-17 b	-	i
	The requirement at 42 CFR, Subpart 483.70(a) is			Maintenance Supervisor to ensure no other		-
	NOT MET as eviden			doors were found to be out of complia	nce.	
	NFPA 101 Protection	n - Other	K 30	O 3. The Maintenance Sugar described		
SS=D	Protection - Other	i		3. The Maintenance Supervisor will file		
		S section any LSC Section		results from the fire door inspection in		
	18.3 and 19.3 Protect	ction requirements that are		that lists all doors in facility with the re		
	not addressed by the	provided K-tags, but are		fire rating. This will be reviewed by the	:	
	deficient. This inform	nation, along with the		Administrator and Maintenance Super		
	applicable Life Safet	y Code or NFPA standard		monthly to ensure all fire doors in facili	ity are in	
	citation, should be in	cluded on Form CMS-2567.		compliance.		
				4. Maintenance Supervisor was in-servi	ced on	
				3-6-17 by the Administrator on fire doc		
	This OTANDADD			ratings. Maintenance Supervisor will re		
		not met as evidenced by:		results of fire door inspection to ensure		
	Based on observation, the facility failed to provide the correct fire rated door in exit stairwell.					
	provide the borreet in	re rated door in exit stall well.		ongoing compliance. Results will be rep	orted to	
	NFPA 101 2012 Ed.	8.1.1, Table 8.3.4.2		the Quality Assurance Performance		
				Improvement Committee which consist		
	The deficiency affects			Administrator, Director of Nursing, MDS		
	compartments. The c was 60 residents.	ensus the day of the survey		Coordinators, Rehab Manager, Medical		
	was ou residents,	;		Director, Social Services Director, Maint		
				Director, Dietary Manager, & Activities.		
ORATORY	DIRECTOR'S OR PROVIDER	VSUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE	<del></del>	X6) DATE

(X6) DATE

ny deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days sllowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

		AND HUMAN SERVICES		•		APPROVE
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				0.0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA . IDENTIFICATION NUMBER:		PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DA	TÉ SURVEY MPLETED
		445464	B. WING_		03	/06/2017
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE		70072017
HII I VIE	W HEALTH CENTER			1666 HILLVIEW DRIVE		
	— · · · · · · · · · · · · · · · · · · ·			ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECT)	D BE	(X5) COMPLETION DATE
K 300	Continued From pa The findings include	-	K 300			
	door to the stairwell provided with the co	17 at 1:33 pm revealed the on the top floor is not prect fire door hourly rating. It is a 20 minute fire rated door.		·		:
K 321	deficiency was ident	rector was present when the iffied and acknowledged by ring the administrator during	W 224	1. The door closures on the dietary and doors were installed on 3-7-17 to comp the fire code by the Maintenance Supe	oly with ervisor.	3-2-17
SS=D	· · · · · · · · · · · · · · · · · · ·	10 / #CB3 - E110103016	K 321	2. All doors were reviewed on 3-6-17 b	y the	
	Hazardous Areas - E	nclosure		Maintenance Supervisor to ensure no c	other	
	2012 EXISTING	e protected by a fire barrier		doors were found to be out of complian	nce.	
	having 1-hour fire re	sistance rating (with 3/4-hour		3. The Maintenance Supervisor will file	the	
	fire rated doors) or a	n automatic fire extinguishing		results from the fire door inspection in	1	į
	system in accordance	e with 8.7.1. When the		that lists all doors in facility with the red		
	approved automatic	fire extinguishing system reas shall be separated from		fire rating. This will be reviewed by the	-	
	other spaces by smo	ke resisting partitions and		Administrator and Maintenance Superv	•	
	doors in accordance	with 8.4. Doors shall be		monthly to ensure all fire doors in facili	- 1	
	self-closing or autom have nonrated or fiel	atic-closing and permitted to deapplied protective plates		compliance.	ty are iii	-
	mat do not exceed 48 the door.	8 inches from the bottom of		4. Maintenance Supervisor was in-servi-	ced 3-6-	
	Describe the floor an	d zone locations of		17 by the Administrator on door closure	:	
		are deficient in REMARKS.		regulations. Maintenance Supervisor wi		
. ,	19.3.2.1			review fire door inspection for door clos	sures to	
	1-00	Atti- O : 11		ensure ongoing compliance. Results will		
	Area Separation N/A	Automatic Sprinkler		reported to the Quality Assurance Perfo		
	Boiler and Fuel-Fire	ed Heater Rooms		Improvement Committee which consists		:
	. Laundries (larger t			Administrator, Director of Nursing, MDS		
C	. Repair, Maintenand	ce, and Paint Shops		Coordinators, Rehab Manager, Medical		
		s (exceeding 64 gallons)		Director, Social Services Director, Maint	enance	
€	e. Trash Collection Ro	ooms		Director, Dietary Manager, & Activities.	C. IGHICE	
						1

		AND HUMAN SERVICES  & MEDICAID SERVICES	•	<del>1</del>	FORM /	03/09/2017 APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01			MB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		B. WING_		N3/C	06/2017		
NAME OF PROVIDER OR SUPPLIER HILLVIEW HEALTH CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1666 HILLVIEW DRIVE ELIZABETHTON, TN 37643		<u>00/2017</u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E ATE	(X5) COMPLETION DATE	
K 321	Continued From pa	ge 2		,	!		
	(exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide self-closing doors to hazardous rooms.		K353	<ol> <li>1. A certified fire alarm company was contacted on 3-7-17 to replace the 2 sprinkler heads in the cooler and 2 sprinkler heads in the freezer.</li> <li>The 2 corroded sprinkler heads in the dish</li> </ol>		4-17-17	
	The findings include:			room were cleaned on 3-6-17 by the Maintenance Supervisor.			
	The deficiency affect compartments. The was 60 residents.	ts 2 of 4 smoke census the day of the survey		The annual sprinkler head inspection will determine if any need to be replaced by a			
	revealed the dry stor removed the door cle	17 at 11:40 am and 1:30 pm rage room in dietary has oser and the activity door is provided with a door		3. The maintenance supervisor will file the results from the inspection in a binder that all reoccurring inspections and tests that a required. This will be reviewed by the	t lists		
	deficiency was identi	ector was present when the fied and acknowledged by ing the administrator during		Administrator and Maintenance Supervisor monthly to ensure all annual tests are conducted within the appropriate time frai			
SS=D		System - Maintenance and	K 353	4. Maintenance Supervisor was in-serviced			
	Automatic sprinkler a inspected, tested, an with NFPA 25, Standa Testing, and Maintair Protection Systems. I maintenance, inspection	re location and readily		17 by the Administrator on sprinkler head inspections. Maintenance Supervisor will review the sprinkler head inspections to en ongoing compliance. Results will be reporte the Quality Assurance Performance Improvement Committee which consists of Administrator, Director of Nursing, MDS Coordinators, Rehab Manager, Medical Director, Social Services Director, Maintena	nsure ed to f the		

Director, Dietary Manager, & Activities.

A. BUILDING 01 - MAIN BUILDING 01  A. BUILDING 01 - MAIN BUILDING 01  B. WING  NAME OF PROVIDER OR SUPPLIER  HILLVIEW HEALTH CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE  1666 HILLVIEW DRIVE  ELIZABETHTON, TN 37643  (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)	NAME OF PROVIDER OR SUPPLIER  HILLVIEW HEALTH CENTER  SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR I.SC IDENTIFYING INFORMATION)  K 353  Continued From page 3  b) Who provided system test c) Water system supply source  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.  9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to maintain the automatic sprinkler system.  NFPA 101 2012 Ed. 19.3.5, 9.7, 9.7.5  NFPA 25 2011 Ed. 52.1.1.1*, 5.2.1.1.2*  The deficiency affects 1 of 4 smoke compartments. The census the day of the survey was 60 residents.  The findings include:  Observation and record review of the sprinkler report on 3/6/17 at 10.40 AM revealed 2 sprinkler heads in the coleren and 2 sprinkler heads in the concernent. 2 sprinkler heads in the dish room in dietary are corroded.  The maintenance director was present when the deficiency was identified and acknowledged by the administrator during	CENTE		AND HUMAN SERVICES  & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		PLE CONSTRUCTION	MB NO (X3) D/	M APPROVED D. 0938-0391 ATE SURVEY	
MANG OF PROVIDER OR SUPPLIER  HILLVIEW HEALTH CENTER  SUMMARY STATEMENT OF DEFICIENCIES  (A4) ID PREFIX PREFIX PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION 37643  LECCHOPPROPRIATE  CROSS-MEPTENDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION 37640)  K 353  Continued From page 3  K 353  b) Who provided system test  c) Water system supply source  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.  9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to maintain the automatic sprinkler system.  NFPA 101 2012 Ed. 19.3.5, 9.7, 9.7.5  NFPA 25 2011 Ed. 5.2.1.1.1*, 5.2.1.1.2, 5.3.1.1.2*  The deficiency affects 1 of 4 smoke compartments. The census the day of the survey was 60 residents.  The findings include:  Observation and record review of the sprinkler report on 3/6/17 at 10.40 AM revealed 2 sprinkler heads in the cooler and 2 sprinkler heads in the recezer are outdated for their 5 year test or replacement. 2 sprinkler heads in the freezer are outdated for their 5 year test or replacement. 2 sprinkler heads in the dish room in dietary are corroded.  The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the administrator during	NAME OF PROVIDER OR SUPPLIER  HILLVIEW HEALTH CENTER  SUMMARY STATEMENT OF DEFICIENCIES  (X4) ID PREFIX TAG  (X4) ID PREFIX TAG  (X5) I SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATIONY OR LSG IDENTIFYING INFORMATION)  K 353  Continued From page 3  b) Who provided system test  c) Water system supply source  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.  9.7.5, 9.7.7, 9.7.8, and NFPA 25  This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to maintain the automatic sprinkler system.  NFPA 101 2012 Ed. 19.3.5, 9.7, 9.7.5  NFPA 25 2011 Ed. 5.2.1.1.1*, 5.2.1.1.2, 5.3.1.1.2*  The deficiency affects 1 of 4 smoke compartments. The census the day of the survey was 60 residents.  The findings include:  Observation and record review of the sprinkler report on 3/6/17 at 10.40 AM revealed 2 sprinkler heads in the cooler and 2 sprinkler heads in the freezer are outdated for their 5 year test or replacement. 2 sprinkler heads in the dish room in dietary are corroded.  The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the administrato		ST CONNECTION	IDENTIFICATION NOMBER:	A. BUILD	ONIC	3 01 - MAIN BUILDING 01	COMPLETED		
STREET ADDRESS, CITY, STATE, ZIP CODE  1566 HILLIZEW DRIVE ELIZABETHTON, TN 37643  ELIZABETHTON, TN 37643  SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTION, TO 37643)  ELIZABETHTON, TN 37643  PROVIDERS PLAN OF CORRECTION SHOULD BE COMPLETED TO THE APPROPRIATE  TAG  K 353  Continued From page 3  b) Who provided system test  c) Water system supply source  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.  9.7.5, 9.7.7, 9.7.8, and NFPA 25  This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to maintain the automatic sprinkler system.  NFPA 101 2012 Ed. 19.3.5, 9.7, 9.7.5  NFPA 25 2011 Ed. 5.2.1.1.1, 5.2.1.1.2, 5.3.1.1.2*  The deficiency affects 1 of 4 smoke compartments. The census the day of the survey was 60 residents.  The findings include:  Observation and record review of the sprinkler heads in the cooler and 2 sprinkler heads in the coeler and 2 sprinkler heads in the dish room in dietary are corroded.  The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the administrator during	STREET ADDRESS, CITY, STATE, ZIP CODE 1666 HILLIVIEW HEALTH CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  K 353  Continued From page 3  b) Who provided system test  c) Water system supply source  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.  9,7.5, 9.7.7, 9.7.8, and NFPA 25  This STANDARD is not met as evidenced by. Based on observation and record review, the facility failed to maintain the automatic sprinkler system.  NFPA 101 2012 Ed. 19.3.5, 9.7, 9.7.5  NFPA 25 2011 Ed. 5.2.1.1.1, 5.2.1.1.2, 5.3.1.1.2*  The deficiency affects 1 of 4 smoke compartments. The census the day of the survey was 60 residents.  The findings include:  Observation and record review of the sprinkler report on 3/6/17 at 10.40 AM revealed 2 sprinkler heads in the cooler and 2 sprinkler heads in the freezer are outdated for their 5 year test or replacement. 2 sprinkler heads in the dish room in dietary are corroded.  The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the administrator during the			445464	B. WING	<b>.</b>		0:	3/06/2017	
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